

SERIAL NUMBER 09/059,853	FILING DATE 04/14/98	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. I/6412-554/D
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APPLICANT GREGOR MEYERS, STUTTGART, FED REP GERMANY; TILLMAN RUMENAPF, PASADENA, CA; HEINZ-JURGEN THIEL, TUBINGEN, FED REP GERMANY.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A DIV OF 08/873,759 06/12/97 PAT 5,811,103
 WHICH IS A CON OF 08/462,495 06/05/95 ABN
 WHICH IS A DIV OF 08/123,596 09/20/93 ABN
 WHICH IS A CON OF 07/797,554 11/22/91 ABN
 WHICH IS A CIP OF 07/494,991 03/16/90 ABN

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/19/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 15	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS WILLIAM M BLACKSTONE
 AKZO NOBEL PATENT DEPARTMENT
 1300 PICCARD DRIVE
 SUITE 206
 ROCKVILLE MD 20850

TITLE HOG CHOLERA VIRUS VACCINE AND DIAGNOSTIC

FILING FEE RECEIVED \$954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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FED REP GERMANY.

****CONTINUING DOMESTIC DATA*******
 VERIFIED THIS APPLN IS A DIV OF 08/873,759 06/12/97, *U.S. Pat. No. 5,811,103*
 WHICH IS A CON OF 08/462,495 06/05/95, *ABN*
 WHICH IS A DIV OF 08/123,596 09/20/93, *ABN*
 WHICH IS A CON OF 07/797,554 11/22/91, *ABN*
 WHICH IS A CIP OF 07/494,991 03/16/90 *ABN*

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED
None, L78

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 15	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 5
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